Tulare District Hospital

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Administrator

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Dear Sirs:

Thank you for this opportunity to respond to OSHPD's Annual Report of the California Hospital Outcomes Project. Based upon a review of the technical and informational data provided by OSHPD related to the AMI study, we think you and any member of the public who requests a copy of the statistical information will be interested in this additional perspective.

The following areas have been identified as potential factors in the score of "significantly worse than expected" for Model B, Acute MI scores.

1. Model A and B Descriptions:

   --"Model A is a conservative model that includes fewer risk factors; Model B is a more comprehensive model that includes important but potentially biased risk factors. Conditions that were almost certainly present at admission were candidates for inclusion in both Model A and Model B. Conditions likely to have developed later were candidates only for Model B" (Technical Appendix, pg. 9-3).

   --"Model B accounts for more of the variation in risk across patients, but may provide a weaker analysis of the quality of care because it adjusts for medical conditions that may actually be complications" (Hospital Guide to Risk Adjusted Measures of Outcome, pg. 18).

   As a rural facility, we see a high percentage of patients who have chronic disease processes and multiple admissions to the hospital. These AMI patients are at high risk when they enter the hospital and have multiple contributing comorbid conditions. These can include, but are not limited to, diabetes with complications, congestive heart failure, cerebral vascular accident, and pulmonary edema. These disease processes, combined with the Acute MI, will have an adverse affect on patient outcome.

2. Assignment of Patient to Facility:

"Records for patients transferred from one hospital to another within California were linked. Linkage was used to combine multiple records on the same patient into a single episode of care. This means that information from a series of discharge abstracts for a patient transferred from one facility to another was combined, and the disposition of the final hospitalization (eg. death or survival) was ascribed to the 'index' hospital. The 'index' hospital was the first facility in a series of linked transfers that reported a qualifying Acute MI admission". "The purpose of this procedure was to eliminate differing transfer rates as a cause of outcome differences across hospitals. Otherwise, hospitals that transferred most of their Acute MI patients to other facilities would have demonstrated exceptionally low mortality". (Technical Appendix, pg. 3-4).

As Tulare District Hospital does not provide invasive or surgical Cardiology services, patients requiring these interventions are transferred to Bakersfield or Fresno hospitals for these services, and under this study, their outcome would be attributed to our facility as the 'index' hospital. Patient death may be attributed to complications related to the surgical or invasive procedure, and may have nothing to do with the quality of care provided at Tulare District Hospital.

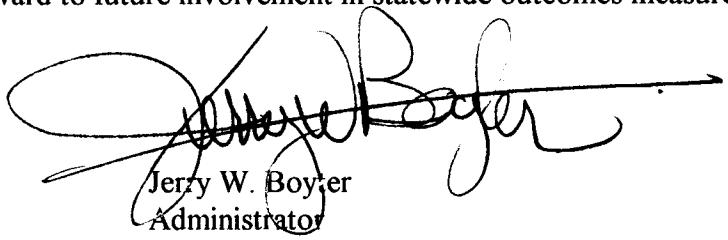
3. Exclusion from Study:

"Patients transferred in from skilled nursing or intermediate care facilities were not included to minimize the number of patients in the sample with 'do not resuscitate' (DNR) orders. Patients with DNR orders have a high risk of death, both because of their underlying medical problems (which may not be captured in the risk-adjustment model) and because they are not candidates for life-prolonging interventions, such as mechanical ventilation. Many of these patients are admitted only for comfort care" (Technical Appendix, pg. 3-3).

As a rural hospital, our population of chronically ill patients and their families frequently request 'Do Not Resuscitate' (DNR) status, and medical treatment is modified to their requests. Per their request, life-saving interventions are withheld, which is a factor when reviewing incidences of mortality.

On an on-going basis, our Medical Staff Services Committees have always reviewed every death in our facility to ensure that appropriate and quality medical care is being offered to each of our patients.

Thank you for the opportunity to respond to this interesting report prior to it's publication. We look forward to future involvement in statewide outcomes measurement projects.



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